

COURSE REVIEW APPLICATION NEVADA STATE BOARD OF PHYSICAL THERAPY EXAMINERS

**Please complete this form and return to the Board office with
the required information and the appropriate fee.
See the second page for the list of requirements.**

Provider Name _____

Address _____

Phone (____) _____

Contact _____

Type _____

(on-site, internet, home-study, video, DVD)

Units _____

0 - .59 units = review fee of \$10 – effective 12/1/06

.6 - 1.09 units = review fee of \$30 – effective 12/1/06

1.1 + units = review fee of \$50 – effective 12/1/06

*► Payment must in the form of a check, money order or
cashier's check. Make payable to the Nevada Physical
Therapy Board. We do not accept credit cards or cash.*

Mail the application, fee and course information to:

**Nevada State Board of Physical Therapy
810 S. Durango Drive, #109, Las Vegas, NV 89145
(702) 876-5535 phone**

COURSE SUBMISSION REQUIREMENTS

Please ensure that the following information is included
with your application.

Incomplete submissions will be returned.

- Course Description
- Goals and Objectives
- Hour-by-Hour Timeline
- Brief Biography of Instructor (no more than 2 pages)
- Examination (required for any course that is not live)
- Copy of the Certificate of Completion
- Dates of Course (if applicable)

The units requested will not necessarily be the units approved.

Approval is based on actual time and content of the course.

Approval for less than the amount requested will not result in a refund of the fee difference. Approval for more than the requested units will not result in a fee increase.

Denied courses will not result in a refund of the fee.